					Ĕω	-
UTILITY			<u> </u>		<u> </u>	
UTILITY	Attorney Docket N		DEP-5170		<u> 20</u>	
PATENT APPLICATION	First Inventor		Michael Slivka		<b>%</b>	
TRANSMITTAL	Title		Method for Treat	ment of Defects in the Intervertebra	Feisc	
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Labe		EE500745161US	3		
APPLICATION ELEMENTS		ADD	RESS TO:	Mail Stop Patent Application	1	
See MPEP Chapter 600 concerning utility patent app contents.	lication	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
<ol> <li>See Transmittal Form (e.g., PTO (submit an original and a duplicate for fee p.</li> <li>Applicant claims small entity stat</li> </ol>	rocessing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				or
3. Specification [Total Pages 19] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix		a.□ b.□	Submission (ir Computer Rea Specification S i.	l/or Amino Acid Sequence f applicable, all necessary dable Form (CRF) equence Listing on: or CD-R (2 copies); or	')	
- Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. ☑ Informal Drawing(s)(35 USC 113)		ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)  11. English Translation Document (if applicable)			еу	
		12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations  13. ☐ Preliminary Amendment 14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. ☒ Other—Certificate of Mailing				ns
						2
6. Application Data Sheet. See 37						
18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed . Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS						
				e Address below		
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnso New Brunswick, NJ 089	Address: Johnson & Johnson One Johnson Plaza					
	TELEPHON		NTACT			
Please direct all telephone calls or tele Telephone: (732) 524-2498	faxes to Theo			at:		
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
NAME Theodore J. Shaty			,	Reg. No. 36,676		

Theodore J. Stratignshi

SIGNATURE DATE

#### **FEE TRANSMITTAL**

	Com	plete if Known	
	Application Number		
ĺ	Filing Date	Herewith	
	First Named Inventor	Michael Slivka	
Į	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	DEP5170	

# **FEE CALCULATION**

#### **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	41 - 20 =	21	x 18.00	\$ 378.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$1,128.00

# **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/DEP5170/TS in the amount of \$1,128.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5170/TS. Three copies of this sheet are enclosed.

SUBMITTED B	Y:		Complete (if applicable)
Typed or Printed Name	Theodore J. Shatynski		
	Theodore J. Shatynshi	Date: 9/30/03	Reg. No. 36,676  Deposit Account  No. 10-0750

#### **FEE TRANSMITTAL**

Com	plete if Known
Application Number	
Filing Date	Herewith
First Named Inventor	Michael Slivka
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP5170

#### **FEE CALCULATION**

#### **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	41 - 20 =	21	x 18.00	\$ 378.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$1,128.00

## **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/DEP5170/TS in the amount of \$1,128.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5170/TS. Three copies of this sheet are enclosed.

SUBMITTED B	Y:		Complete (if applicable)
Typed or Printed Name	Theodore J. Shatynski		Reg. No. 36,676
Signature	Theodore J. Shatynshi	Date: 9/30/03	Deposit Account No. 10-0750

DOCKET NO. DEP-5170

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Slivka et al.

: Method for Treatment of Defects in the For

Intervertebral Disc

## Express Mail Certificate

"Express Mail" mailing number: EE500745161US

Date of Deposit:

9/30/03

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)